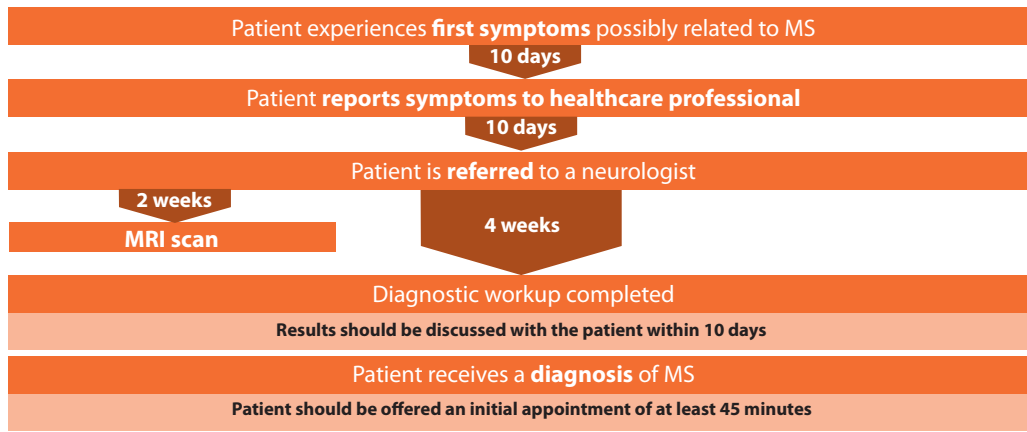


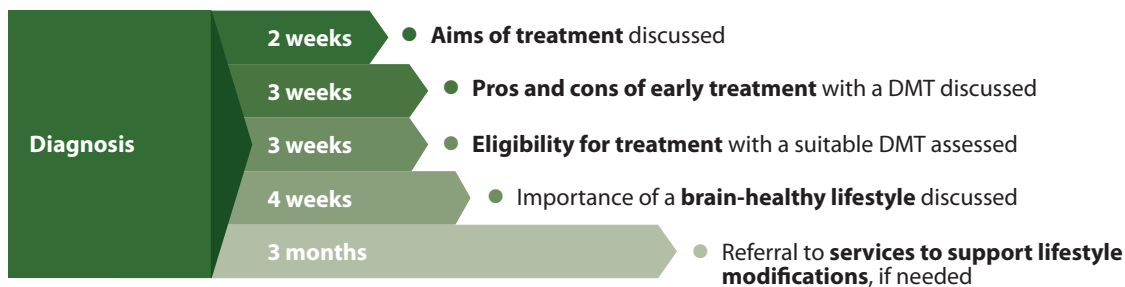
Achievable standards* for the timing of key events in the MS care pathway



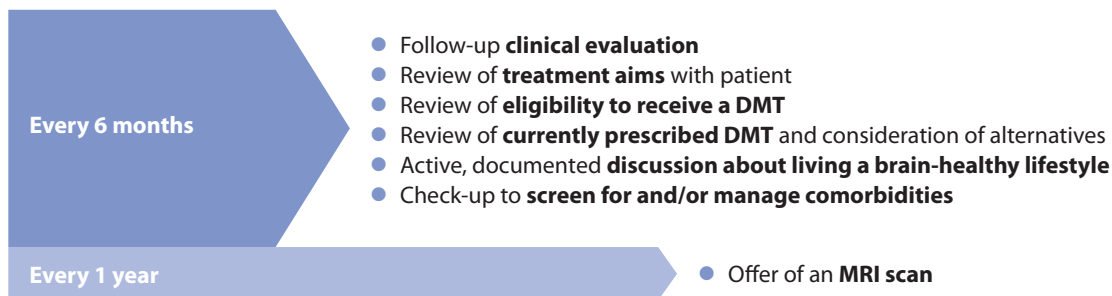
Referral and diagnosis



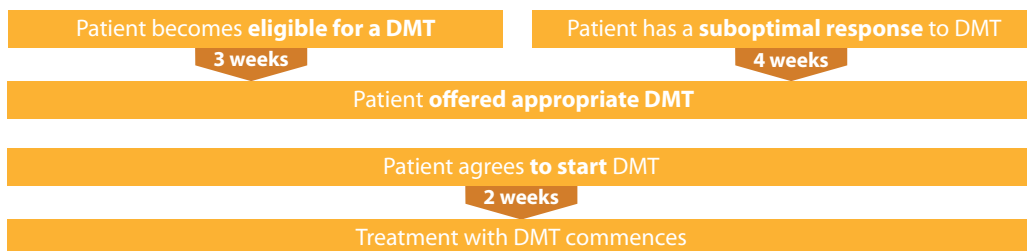
Priorities following diagnosis



Routine monitoring and support








Treatment decisions



Managing new symptoms



Expert consensus on standards for timely MS care

	Core	Achievable	Aspirational	Reporting first symptoms
Referral and diagnosis 	4 weeks	10 days	5 days	■ Anyone experiencing for the first time symptoms that might be related to MS should report them to a healthcare professional within [] of noticing them
	4 weeks	10 days	5 days	■ Anyone who reports symptoms that might be related to MS to a healthcare professional should be referred to a neurologist within []
	4 weeks	2 weeks	5 days	■ An initial MRI scan should be performed within [] of first referral to a neurologist for diagnosis (if not performed earlier)
	2 months	4 weeks	7 days	■ The MS team should complete a diagnostic workup for MS within [] of referral to a neurologist
	4 weeks	10 days	5 days	■ The results from a diagnostic workup for MS should be discussed within [] of completion, during an appointment with the patient
	2 months	4 weeks	2 weeks	■ An accurate diagnosis of (uncomplicated) MS should be made and communicated to the patient within [] of their referral to a neurologist
	30 minutes	45 minutes	1 hour	■ Following MS diagnosis, patients should be offered an initial appointment of at least [] to discuss the implications of the diagnosis
Priorities following diagnosis 				Diagnosis
	4 weeks	2 weeks	7 days	■ The MS team should discuss the aims of treatment with each patient within [] of MS diagnosis
	6 weeks	3 weeks	7 days	■ The MS team should discuss the pros and cons of early treatment with a DMT with each patient within [] of diagnosis
	6 weeks	3 weeks	7 days	■ The MS team should assess within [] of an MS diagnosis whether the patient is eligible for treatment with a suitable DMT
	3 months	4 weeks	10 days	■ The importance of a brain-healthy lifestyle should be discussed with each patient with MS within [] of diagnosis
	6 months	3 months	4 weeks	■ Patients with MS who need additional support to make lifestyle modifications, beyond that offered by the MS team, should be referred to appropriate services within [] of diagnosis
	6 months	–	–	■ Cognitive screening should be offered to all patients with MS within [] of diagnosis
Routine monitoring and support 	1 year	6 months	–	■ The MS team should perform a follow-up clinical evaluation of each patient at least once every []
	1 year	6 months	6 months	■ The MS team should review with each patient at least once every [] the aims of their treatment for MS
	1 year	6 months	–	■ The MS team should review at least once every [] whether each patient with MS who is not receiving a DMT is eligible for one, based on applicable guidelines
	1 year	6 months	6 months	■ The MS team should review with each patient at least once every [] their currently prescribed DMT and consider alternatives if appropriate
	1 year	6 months	–	■ The MS team should engage patients with MS in an active, documented discussion about living a brain-healthy lifestyle at least once every []
	1 year	6 months	6 months	■ All patients with MS should have a check-up with an appropriate healthcare professional to screen for and/or manage comorbidities at least once every []
	2 years	1 year	1 year	■ All patients with MS should be offered an MRI scan at least once every []
Treatment decisions 				Patient becomes eligible for DMT
	2 months	3 weeks	10 days	■ A DMT should be offered to a patient with MS within [] of their becoming eligible for one
				Patient decides to start DMT
4 weeks	2 weeks	7 days	■ Treatment with a DMT should commence within [] of a patient with MS agreeing this approach with their neurologist	
–*	4 weeks	2 weeks	■ If a patient's response to their current DMT is judged to be suboptimal, an appropriate, alternative DMT should be offered within []	
New symptoms 				New or worsening symptoms
	2 weeks	7 days	3 days	■ Patients with MS should report new or worsened symptoms to their MS team within [] of experiencing these symptoms
				Reporting new or worsening symptoms
	3 days	2 days	1 day	■ The MS team should respond within [] to a patient with MS reporting an acute deterioration of symptoms
	7 days	3 days	2 days	■ Patients with MS who experience an acute deterioration of symptoms should be seen by the relevant member of their MS team within [] of reporting these symptoms
Additional statements	<ul style="list-style-type: none"> ■ Aspirational standard: Regular cognitive screening should be offered to all patients with MS ■ Core standard: The MS team should give all patients the opportunity to participate in informed, shared decision-making about their care ■ Achievable standard: The MS team should regularly enter patient data into an MS database ■ Core standard: Neurologists should use the latest accepted diagnostic criteria when diagnosing MS 			

Reproduced from Hobart *et al.* International consensus on quality standards for brain health-focused care in multiple sclerosis. *Mult Scler* 2018; doi:10.1177/1352458518809326. Standards were agreed by at least 75% of the Delphi Consensus Panel. Core, achievable and aspirational grading reflects minimum, good and high standards of MS care, respectively.

*Time frame of 3 months was agreed by the Delphi Panel after completion of the Delphi process.
DMT, disease-modifying therapy; MRI, magnetic resonance imaging; MS, multiple sclerosis.